

WHAT IS COMPREHENSIVE SCHOOL HEALTH (CSH)?

The Quality School Health (QSH) initiative promotes and supports the implementation of a **comprehensive** approach to school health.

According to Health Canada and the Canadian Association for School Health (1993)¹, Comprehensive School Health (CSH) is an approach to schoolbased health promotion involving a broad spectrum of programs, activities, and services that take place in schools and their surrounding communities. Such actions are designed not only to affect the health of individual students, but also to change the environment in which they live and learn. These actions are the responsibility of families, health professionals, educators, institutions, agencies, community organizations, and young people themselves.

The CSH approach provides a practical framework for action that integrates [and links]:

- Instruction about health
- Support services for students and families
- Social support from families, peers, school staff, public policy, and the community; and
- A healthy physical environment within the school and community.

For more information about CSH and related approaches, visit <http://www.safehealthyschools.org/csh.htm>.

¹ Health and Welfare Canada & Canadian Association for School Health (1993). *Making the Connections: Comprehensive School Health*. Catalogue No. H-39-275/1993E. Ottawa: Author.

Making the Case for CSH

Gaining commitment for Comprehensive School Health (CSH) is critical to making your Quality School Health (QSH) program happen. CSH approaches, by their very nature, require a significant amount of investment, both in time and resources, to pull all of the school health pieces together into a coordinated and workable plan. They demand buyin and support from various sectors of your school community, from the grassroots and up, as well as dedicated people to implement the plan on an ongoing basis. With this in mind, it is very important to be prepared for possible challenges and for making a strong case for adopting this way of doing business.

Making the Link Between Health and Learning

CAHPERD believes that health and learning are interdependent and that the school is an essential setting for health promotion.

- ◆ School is the only place, attended by virtually all children, with the necessary influence to promote the learning critical to healthy decision-making.
- ◆ Healthy students learn better because they attend school more regularly, feel better about themselves, get along better with others and are ready to learn.
- ◆ Successful learners are healthier because they acquire the knowledge and skills necessary for healthy, physical, social and emotional development and develop the resiliency skills needed to face life's challenges.
- ◆ Healthy behaviours learned in childhood are likely to continue in adulthood. Early promotion of healthy lifestyles can stop the onset of preventable disease in childhood and later in life, and as a result, can have significant immediate and long-term economic benefits.

For a detailed literature review looking at the relationship between health and learning and the effectiveness of Comprehensive School Health, read *Partners for Health*.

The Benefits of a CSH program

A well-designed Comprehensive School Health (CSH) program can:

- Improve student health and school environment.
- Empower young people to take responsibility for their health, show pride in their school and take ownership of school policies.
- Improve relationships between students and staff and make the school a healthier and happier place to learn and work.
- Share responsibility for the health and wellbeing of children and youth with many partners, including the school, community and young people themselves.
- Maximize school and community resources through coordinated efforts.
- Produce a wealth of ideas and strategies to improve school health by bringing together the whole school community.
- Improve student, staff and community involvement in the life of the school.
- Foster strong school community relationships that facilitate other school and community initiatives.
- Build a climate of mutual respect.

How effective are CSH programs?

The following excerpts are examples of the research evidence supporting Comprehensive School Health (CSH) approaches.

- The U.S. Public Health Service reviewed over 50 school-based health education programs that addressed some aspect of physical, emotional or social health. It was found that not only can these programs bring about healthy lifestyle changes, but they can also lead to improved school attendance, graduation rates and standardized test scores².
- Other research shows that schools that adopt comprehensive physical activity programs see positive effects on academic achievement, including increased concentration, improved test scores in math, reading and writing, as well as decreased disruptive behaviour. These effects were seen even when physical education time reduced time for academics (Symons, 1997)³.
- *Coordinated School Health* is the term for a comprehensive school health program in the United States. Many of these programs have been assessed and the evidence is encouraging. For example, in 1998, the Florida Department of Education provided three-year technical assistance grants to help schools incorporate health into the school curricula. After receiving this assistance, two schools implementing a coordinated school health program reported improved math and reading scores on state exams as well as increased school attendance (Florida Department of Education, 1999)⁴.
- In Calgary, Alberta, an extensive evaluation was carried out with 24 schools implementing a comprehensive school health approach.
- Findings included increased student knowledge of health topics, improved school climate, a strengthened health curriculum, and increased parent involvement and community activity in the school (Learning Through Health Partnership, 1997)⁵.
- School-based health education programs using a *comprehensive school health* approach have been found to reduce risk behaviours, such as poor nutrition (Luepker et al., 1996)⁶, physical inactivity (Kelder, Perry & Klepp, 1993)⁷, tobacco use (Perry, Kelder, Murray & Klepp, 1992)⁸, unprotected sexual behaviour (Kirby, 1992) and alcohol and drug abuse (Botvin et al., 1990)⁹.
- It has been estimated that even if school health education programs were only 2% successful in reducing smoking, STD's, teen pregnancy and child and drug abuse, this would translate into a savings of over 480 billion dollars in the United States (O'Rourke, 1985)¹⁰. Furthermore, a review of exemplary CSH programs estimates the cost of treatment for future morbidities to be 13.8 times the cost of a CSH program (Rothman et al., 1994)¹¹.

For more information about research evidence supporting CSH approaches, visit <http://www.safehealthyschools.org/csh.htm>.

- ² U.S. Public Health Service (1999). *School Health: Findings from evaluated programs* (2nd ed.). Washington, DC: U.S. Government Printing Office.
- ³ Symons, C. Wolford (1997). Bridging Student Health Risks and Academic Achievement through Comprehensive School Health Programs. *Journal of School Health*, 67(6), 224.
- ⁴ Florida Department of Education (1999). *Living and Learning Healthy-Florida's Coordinated School Health Program*. Tallahassee, FL.
- ⁵ Learning Through Health Partnership (October 6, 1997). *Comprehensive school health: Learning through health initiative*. [Report on Evaluation of Comprehensive School Health]. Calgary, AB: Calgary Regional Health Authority.
- ⁶ Luepker, R.V., Perry, C., McKinlay, S., Nader, P., Parcel, G., Stone, E., Webber, L., Elder, J., Feldman, H., Johnson, C., Kelder, S. & Wu, M. (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *Journal of the American Medical Association*, 275, 768-776.
- ⁷ Kelder, S., Perry, C. & Klepp, K. (1993). Community-wide youth exercise education: Longterm outcomes of the Minnesota Heart Health Program. *Journal of School Health*, 63(4), 218-223.
- ⁸ Perry, C., Kelder, S., Murray, D. & Klepp, K. (1992). Community-wide smoking prevention: Long-term outcomes of the Minnesota Heart Health Program and the Class of 1989 Study. *American Journal of Public Health*, 9, 1210-1216.
- ⁹ Botvin, G., Baker, E., Dusenbury, L., Tortu, S. & Botvin, E. (1990). Preventing adolescent drug abuse through a multimodal cognitive-behavioural approach: Results of a 3-year study. *Journal of Consulting and Clinical Psychology*, 58, 437-446.
- ¹⁰ O'Rourke, T.W. (1985). Why school health education? The economical point of view. *Health Education*, 16(2), 121-124.
- ¹¹ Rothman, M., Ehreth, J., Palmer, C., Collins, J., Reblando, J. & Luce, B. (1994). *The potential benefits and costs of a Comprehensive School Health education program* [Draft report to WHO]. Geneva, Switzerland: WHO.

Everyone benefits

Students benefit because they are healthier and more successful at learning. School spirit and morale are increased and investment in school goals enhanced.

Schools and school boards benefit. As students' school spirit and morale are increased, the school environment becomes a more positive place to be and more conducive to learning. Teachers can teach more effectively and the working environment improves.

Society benefits. Under these learning and working conditions, schools prosper and are more likely to graduate productive and responsible citizens.

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